

# *Catalyst for Change*

STORIES OF CHANGE  
AND TRANSFORMATION

THE HEALTH FOUNDATION OF GREATER CINCINNATI

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OUR MISSION IS TO PROMOTE THE HEALTH OF THE PEOPLE OF CINCINNATI AND THE SURROUNDING COUNTIES IN OHIO, KENTUCKY AND INDIANA THROUGH INVESTING IN ENDURING PROJECTS THAT IMPROVE COMMUNITY HEALTH STATUS, HEALTHCARE DELIVERY AND ACCESS TO HEALTHCARE FOR ALL.

OUR VISION IS THAT THE PEOPLE OF THIS REGION WILL HAVE ACCESS TO APPROPRIATE HEALTHCARE, TO BE ABLE TO PRACTICE HEALTHY BEHAVIOR AND LIVE IN COMMUNITIES THAT SUPPORT GOOD HEALTH.

October 2003

Dear friends and partners:

The Health Foundation of Greater Cincinnati has just completed five very productive, active, and exciting years as an independent foundation investing in health in Indiana, Kentucky, and Ohio. This report, “Catalyst For Change—Stories of Change and Transformation,” is a way for us to share just a few of the many success stories that have come from our work with our many community partners. The results of grants we have awarded as well as more information about the Health Foundation can be found on our web site at <http://www.healthfoundation.org>.

*“Our dream five years ago was to improve the health of the... communities we serve.”*

We would also like to thank all those who make our work possible. We have a most impressive staff of talented, dedicated professionals. Our board, the community representatives who serve on our advisory groups, and the many professionals in the healthcare field have all contributed to our success. Our partners in the organizations we have funded have contributed their inspired leadership. We could not have done all that we have without their hard work.

Despite the losses our endowment took during 2000-2002, our Board of Directors made the decision to continue supporting our work at the highest levels possible. As of October 2003, we have invested a total of \$67 million to improve access to healthcare in Greater Cincinnati.

Our dream five years ago was to improve the health of the people in the communities we serve through innovative programs having a long-lasting impact. A recent survey of our grantees shows that 88% continue to operate the programs three years after our funding ended.

We also wanted to achieve our mission by partnering with organizations that want to improve the way health-care is provided. We insist on using local data, input from the community, and thorough evaluations of projects to guide us. As we listened to community needs, we realized the need to expand our work through the creation of a 501(c)(3) public charity. We started this organization, called the Health Foundation Fund, in July 2002 as a way to address community needs in new and different ways.

We trust that this report and the information contained on our web site will be helpful to you.

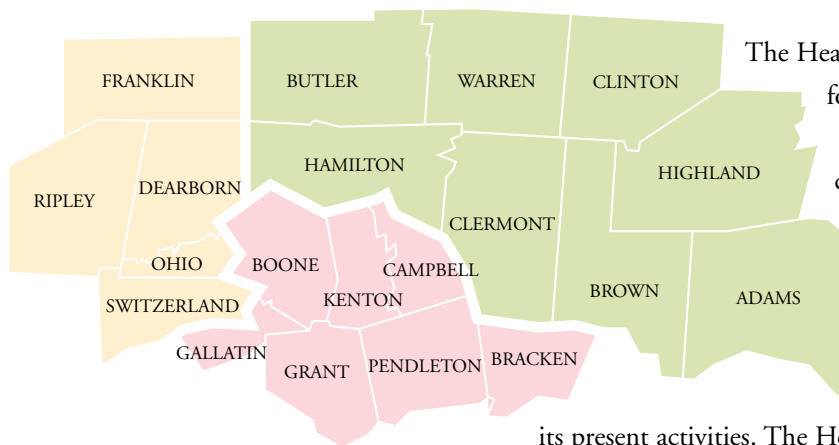
Many thanks for all your encouragement,



Donald E. Hoffman  
President & CEO

# Who we are.

The Health Foundation of Greater Cincinnati is a nonprofit, freestanding, 501(c)(4) social welfare organization dedicated to improving health care access for vulnerable populations. The Health Foundation awards grants to nonprofit and governmental organizations for projects that improve health in our service area. We also directly operate programs to fulfill our mission.



The Health Foundation was formed in 1978 to operate the ChoiceCare managed care company. In late 1997, the Health Foundation sold the managed care company and used the proceeds of this sale to endow

its present activities. The Health Foundation now invests in community projects to improve health in our region and is the region's largest independent foundation focusing specifically on health needs. Today, the Health Foundation operates from an endowment of nearly \$223 million and has invested over \$60 million in local healthcare projects in our first five years.

## *Experienced Staff*

The first contact potential grantees have with the Health Foundation is with our staff.

Our expert staff manage the day-to-day work and guide the Health Foundation in our mission. Program Officers bring valuable, hands-on experience to the job, having served as professionals in the focus areas they serve.

# How we work.

Because scattered funding could add up to very small improvements over the long run, the Health Foundation has chosen to focus our efforts. Using community needs assessments, health data, and surveys, the Health Foundation decided to concentrate most of our efforts in four focus areas:

- Strengthening Primary Care Providers to the Poor
- School-Based Child Health Interventions
- Substance Abuse
- Severe Mental Illness

The Health Foundation also selectively invests in projects that support health-related needs outside these focus areas.

Program Officers are the first people potential grantees should contact when approaching the Health Foundation with a project idea. Program Officers work with potential grantees to refine ideas and projects before they are formally submitted to the Health Foundation. To contact one of our Program Officers, please call 513-458-6600 or toll-free 888-310-4904.

The Health Foundation of Greater Cincinnati considers projects for funding in three ways:

- Requests for Proposals (RFP)
- Invited Proposals
- Grantee-Initiated Requests

For more information about our focus areas and grant-making guidelines, including current RFPs, visit our web site at <http://www.healthfoundation.org> or call 513-458-6600 or toll-free 888-310-4904.

Because we believe in building partnerships with the community, the Health Foundation invites community input in a number of ways. Advisory groups provide us with an insider's view of each focus area. Advisory groups are comprised of local experts, leaders, consumers and their family members, state officials, activists, and healthcare providers. They help identify trends in each field and advise the Health Foundation of ideas that can make an important impact.

To stay on top of emerging community health needs, the Health Foundation monitors community health needs through:

- periodic surveys,
- interactions with grantees,
- reviewing the results from funded projects,
- participation and leadership in collaborative community health efforts,
- targeted workshops, and
- feedback from the community, including periodic public meetings.

## CONTACT US

For more information about the Health Foundation and our work, we encourage you to contact us :

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# *Giving Grantees*



*FreeStore/FoodBank's Health & Hygiene Program, which helps low-income families get over-the-counter products, benefitted from assistance from Health Foundation staff.*







## FreeStore/FoodBank

The FreeStore/FoodBank, founded in 1971, provides food and services to individuals and non-profit agencies in 20 counties. Through its work, the FreeStore/FoodBank saw that the people it served needed over-the-counter medications such as pain relievers, cough and cold medicines, anti-itch and anti-bacterial creams, and other health and hygiene products. In 2000, the FreeStore/FoodBank started an over-the-counter program to address these needs.

“People often take the presence of things like cold medicine for granted,” said Jan Boldt, Program Manager for the Health & Hygiene Program of the FreeStore/FoodBank. “But when you are struggling to pay rent and buy food, pain relievers and cold medicine are low on the priority list. Over-the-counter medications aren’t covered by insurance, public or private, and you can’t buy them with food stamps, so many people just do without. The Health & Hygiene Program helps people get what they need to take care of pains, headaches, colds, and other day-to-day discomforts.”

The Health Foundation staff worked closely with the FreeStore/FoodBank and legal advisors to develop this innovative program, which now serves over 500 agencies in 20 counties in three states. The agencies obtain the products from the FreeStore/FoodBank for a shared maintenance fee of \$0.18/pound and distribute the products to clients at no cost.

Soon after the program began, the Health Foundation and the FreeStore/FoodBank came together again to work on making the program financially self-sufficient. The Foundation and the FreeStore/FoodBank developed a number of strategies, including adding more health and hygiene products to the list, working with retailers to expand the types of products that are donated, and spreading the word about the program to more agencies.

FreeStore/FoodBank staff attended the Foundation’s Business Plan and Evaluation Workshops and developed strong plans to guide and evaluate the program. The Health Foundation’s Communications Department staff helped the FreeStore/FoodBank develop flyers and brochures about the program, and agency staff attended graphic design, presentation, and writing workshops sponsored by the Foundation.

FreeStore/FoodBank employees and board members attended a session of the Indiana University Fundraising School workshop sponsored locally by the Health Foundation. The Foundation also awarded a tiered challenge grant to the program. For each dollar that the FreeStore/FoodBank raised for the Health & Hygiene

Program, the Foundation matched it at varying levels during the challenge grant period.

“Whenever we hit a snag, the Foundation was there to help us overcome the barriers,” said Boldt. “Although we couldn’t have started the Health & Hygiene Program without the Foundation’s grant dollars, we couldn’t have made it successful without the assistance we received from the staff through consultations and workshops.”

Thousands of low-income people in the Greater Cincinnati area benefit from the FreeStore/FoodBank’s Health & Hygiene Program. Since its inception, the Health & Hygiene Program has distributed over \$7.5 million dollars in retail value of over-the-counter health and hygiene products at no cost to needy people in the region.

*“Whenever we  
hit a snag, the  
Foundation was  
there to help us.”*

*Jan Boldt,  
Program Manager for the  
Health & Hygiene Program*





## *School-Based Health Center Grantees*

In the late 1990s, Greater Cincinnati schools and healthcare providers were looking for better ways to keep children healthy. “We knew that children were missing school because of health problems and that these absences were affecting their ability to learn, but we didn’t know how to help them stay in school. School nurses were part of the solution, but we needed something more comprehensive,” said Frank Bruns, Special Programs Assistant Coordinator and former Assistant Superintendent of Newport Independent Schools in Kentucky.

A school-based health center (SBHC) was the answer for many schools in Greater Cincinnati. As more schools and providers looked into SBHCs, the Foundation began funding planning grants and sending planners to workshops and conferences to help them learn more about SBHCs and how to start them in their own schools. The Health Foundation funded the start-up of eight SBHCs in 1999. Since then, the Foundation has awarded grants to open 10 more SBHCs. These schools are in areas that have

few or no medical providers, making it difficult to get children healthcare, or have high rates of children in low-income families, children who are more likely to not have any type of health insurance.

The Health Foundation’s Program Officer for School-Based Child Health Interventions coached each of the school districts and their medical partners during their proposal development and helped them find solutions that fit the needs of their districts. The Program Officer convenes regular meetings of the SBHC grantees to discuss common issues and problems and to learn from regional and national experts. The Foundation has also cosponsored a regional SBHC conference with Cincinnati Children’s Hospital Medical Center to provide additional training opportunities for SBHC staff.

SBHCs have unique funding issues, as well. Because they have medical partners and provide medical care, they can bill for some services. However, because not all children



have insurance and not all services are covered, this is not enough to keep the centers operating at break-even. To help the SBHCs become financially self-sufficient, the Health Foundation held business plan workshops and sessions of the Indiana University Fundraising School that were tailored to the needs of SBHCs.

The Health Foundation's Communications Department has helped many SBHCs create materials to send to parents, teachers, businesses, and their communities about the centers to help generate support. The Foundation's Health Data Improvement Program offered educational workshops and consultations to the Kentucky School-Based Health Center Collaborative. As a result of the data collected by the Collaborative, the Kentucky legislature passed a bill that recognizes SBHCs as primary care sites and allows the SBHCs to become licensed by the state.

"We're always learning new and different ways to help our children," said Thane Lorbach, Director of the Northwest Local School District's Health Assistance for Northwest District Schools (HANDS) SBHC program. "The Foundation has provided many resources to help us fulfill our mission, and we couldn't have done what we have without them."

The Health Foundation is also very interested in how the SBHCs affect the health of the children who use the centers. Therefore, the Foundation has funded two multi-year evaluations: one to understand and document whether the centers keep children healthy and in school, and one to measure if the centers are a cost-effective solution. Results from these evaluations will be available mid-2004.

## *HIPAA Regional Workgroup*

In 1996, the federal government enacted the Health Insurance Portability and Accountability Act (HIPAA) to protect confidentiality and security of health and medical information. All medical providers, payers (including insurance companies), and any other entities that transmit personal health information must comply with HIPAA standards. However, the federal government did not provide any funding to help entities become compliant with these standards. Many nonprofit organizations, especially safety net organizations that serve low-income and uninsured people, do not have the resources required

to meet these standards. Noncompliance with HIPAA can result in loss of federal funding and other penalties.

To help Greater Cincinnati area safety net providers meet HIPAA standards, the Health Foundation's Health Data Improvement Program created the HIPAA Regional Workgroup. This Workgroup brought in regional experts and consultants to help lead safety net providers toward HIPAA compliance. In all, 28 safety net providers, including health centers, public health departments, and mental health and substance abuse treatment providers, participated. If these organizations had individually hired HIPAA consultants to help them, they would have spent over \$800,000 total. Organizations paid a sliding-scale fee to participate, and the Health Foundation paid the rest. Altogether, the Workgroup saved the region nearly \$500,000.

"The rules surrounding HIPAA compliance are complicated and hard to understand. We needed help interpreting the rules and developing an understanding of the rules throughout our organization. However, paying for that help was going to be expensive," said David Stanforth, Vice President of Human Resources and Compliance Officer of Southern Ohio Health Services Network. "We had to do it, we just didn't know how we were going to pay for it. The Foundation's HIPAA Regional Workgroup was very helpful and a great value."

Each provider received document templates, "QuickStart" guides, and other tools to help them reach the first phase of HIPAA compliance. Each agency also completed an individualized HIPAA implementation plan. Consultants spent one-on-one time with each participating agency to provide individual advice, explanations of agency-specific issues, and guidance for completing the HIPAA implementation. The Foundation also provided a number of workshops for other phases of HIPAA compliance and topics related to the legislation. In addition, the Foundation established an on-line community in which participants could share documents, questions and answers, resources, and other materials in a collaborative, interactive format between regular meetings and workshops.

"[The Workgroup's HIPAA] training was exceptional and helped me clarify what is and is not needed," said Olen Harris, Vice President of Administration of NorthKey Community Care. "The regional Workgroup saved NorthKey time and money in becoming HIPAA compliant. It also helped us develop relationships with other area providers and look for common solutions to problems we are all facing."

*"We're always  
learning new  
and different  
ways to help our  
children."*

*Thane Lorbach,  
Director  
Health Assistance for  
Northwest District Schools*



Participants in the Workgroup identified many key benefits from participation, including the financial savings, sharing problems and solutions with peers, having time set aside to focus on HIPAA, and the structured process that led agencies from assessment to implementation.

*“The regional Workgroup saved NorthKey time and money in becoming HIPAA compliant.”*

Olen Harris,  
Vice President of  
Administration  
NorthKey Community Care



The Health Foundation’s HIPAA Workgroup has become a national model for how regions can work together to become HIPAA compliant. The Workgroup continues to meet regularly to discuss and share resources for other phases of HIPAA implementation.





# Catalyst for Change



*The Adolescent Substance Abuse Treatment  
Grantee Group helped the Community  
Mental Health Center find and develop  
treatment programs for youth.*



## Adolescent Substance Abuse Grantee Group

Substance use disorders are costly, both in financial and human terms. Use at an early age causes physiological and psychological problems that last well into adulthood. According to local statistics, between 15-30% of Greater Cincinnati adolescents regularly use alcohol, tobacco, or marijuana, depending on age. For families with adolescents who are using substances, however, finding appropriate treatment services is often difficult.

Through the Improving Adolescent Services Capacity strategy of the Substance Abuse focus area, the Health Foundation has awarded 24 grants to organizations in all 20 of the counties in our service area to plan and provide substance use disorder services that are tailored to adolescents. The Program Officer for Substance Abuse regularly brings these organizations together to talk about issues surrounding adolescent treatment and funding.

“Being able to discuss issues with peers was so important as we were planning our services,” said Lee Royse, the Children and Adolescent Services Coordinator of Comprehend, Inc. “It was good to talk to people who had done their planning before we did, because they had already dealt with a lot of the same issues we were facing. Although we were from different counties and states, we learned a lot from each other.”

The “Adolescent Grantee Group,” as they have come to call themselves, began in 1999 with the first round of Adolescent Substance Abuse Services Planning grantees. As these organizations were planning the services they would provide, they also met regularly to discuss common problems, ideas, and solutions. They began exploring model programs that had been proven effective to see if they would work for the children in their communities. As start-up and additional planning grants

were awarded, new organizations were invited to join the Adolescent Grantee Group.

In addition, the Health Foundation analyzed the plans of the seven county-level substance abuse funding boards in Southwestern Ohio to provide a larger view of what these youth need. The 14-county area was able to use this analysis to better identify and quantify the problems and needs of their youth. The report from this analysis, *Substance Abuse Treatment Needs of Adolescents in Southwest Ohio*, is available from the Health Foundation’s web site at <http://www.healthfoundation.org/publications/reports> or by calling 513-458-6658.

Because of the Adolescent Grantee Group, most of the 20 counties in the Foundation’s service area either have started or are planning to start a model program for treating youth with substance use disorders. The region also has a better idea of what youth in Greater Cincinnati need. On any given day, over 300 additional adolescents have access to evidence-based model treatment programs.

“Through the Adolescent Grantee Group, we were introduced to many model programs that have been shown to be effective with adolescents,” said Nancy Janszen, South Director of Outpatient Services at Community Mental Health Center, Inc., which provides mental health and substance use disorder treatment in five Southeastern Indiana counties. “We saw all of our options and could make a good, informed decision about what program we wanted to bring to our region. We’re seeing the benefits of this through the kids we’re serving: they are decreasing their alcohol and other drug use and are doing better in school and at home.”

## Behavioral Health Treatment and Criminal Justice Systems

When health problems reach across service systems, it is important that all the systems work together to solve those problems. In choosing Severe Mental Illness and Substance Abuse as focus areas, the Health Foundation knew that these disorders affected many service systems, including the criminal justice system.

For example, in 1998, almost 40% of inmates in local, state, and federal jails or prisons had a mental illness. In 1997, 75% of inmates were characterized as being alcohol- or other drug-involved, meaning either they were under the influence at the time they committed the offense or they committed the crime to get money for alcohol or other drugs. To better understand the local







funding for these projects. The systems understand the benefits of collaborating to address these problems and realize that they can't do it without each other. This new understanding is reflected in the success of the programs started in Greater Cincinnati. Many of the new programs in the area are showing decreased reincarceration rates and substance use and improved mental health among offenders in the programs and increased cost savings for both the systems.

situation, the Health Foundation produced the *Mental Illness and Substance Abuse in the Criminal Justice System* white paper in 2000.

This paper, available on our web site at <http://www.healthfoundation.org/publications/reports> or by calling 513-458-6658, provided the hard data to back up the anecdotal reports we heard from treatment providers and the criminal justice system in Greater Cincinnati: People were cycling in and out of the criminal justice system because of inadequate treatment for their disorders. There were not enough treatment resources in the community, and the criminal justice system did not have the capacity to adequately treat people in prisons or jails.

“Our county was struggling with high reincarceration rates, and we suspected that for many offenders, mental illnesses and substance abuse played a large part in these rates. We weren't sure how to help these offenders, or even if we could,” said Michael Walton, Court Administrator of the Hamilton County Courts. “We needed to find a way to get offenders the treatment that they needed so that everyone could benefit.”

The Health Foundation saw an opportunity to bring the treatment and criminal justice systems together to find collaborative solutions. We focused on helping the systems work together to develop projects based on effective programs and to explore ways of sharing the

In 2002, the National Association of Counties (NACo) chose jail diversion for people with mental illnesses as an initiative. NACo looked for model programs being implemented across the country. Because of successful programs in Butler, Clermont, and Hamilton Counties—programs that were funded by the Health Foundation—NACo chose to visit Greater Cincinnati as one of three national exemplary sites. For more information about the three Greater Cincinnati projects highlighted by NACo, please visit [http://www.naco.org/Content/NavigationMenu/About\\_NACo/Initiatives/Default282.htm](http://www.naco.org/Content/NavigationMenu/About_NACo/Initiatives/Default282.htm) and click on the document titled “Ending the Cycle of Recidivism: Best Practices for Diverting Mentally Ill Individuals from County Jails.”

“Our SAMI [Substance Abuse and Mental Illness] Court has greatly improved our community. Butler County residents are getting the treatment they need to help them break the cycle of reincarceration,” said John Bohley, Executive Director of the Butler County Alcohol and Drug Addiction Services Board. “We have developed an excellent relationship with the criminal justice and mental health systems. These relationships are allowing us to look at other ways of partnering to solve problems that affect all our systems.”

# *Nurturing Community Responses to Health Problems*



*The Butler County Community Health Consortium helped restore primary care services for low-income residents through the establishment of the Hamilton Health Center.*

## *Catalyst for Change*



## *Butler County Community Health Consortium*

Butler County is the 5th most underserved area out of the 62 Health Professional Shortage Areas (HPSAs) in the state of Ohio. Having HPSA status means that a county does not have enough primary care and other healthcare professionals to meet the needs of its general population. About 15% of people living in Butler County have no health insurance, and therefore have fewer options for primary care. After two safety net providers—primary care providers for uninsured and low-income populations—in Hamilton closed in 1999, the situation grew worse.

Recognizing the need to restore the primary care safety net for uninsured and low-income people in Hamilton, representatives from healthcare providers, community-based agencies, governments, and businesses in the county came together. This Health Care Leadership Group (HCLG) began looking at ways to restore and expand healthcare services to the uninsured and low-income people in the county.

“This was a community response to a community problem. It wasn’t just one agency trying to deal with it on its own; it was everyone,” said David Ferrell, original chair of the HCLG and former CEO of Mercy Hospital Hamilton. “But although we knew what we needed to do, we weren’t sure how to begin. The Health Foundation was there at the right time to give us a nudge to get going.”

The Health Foundation’s initial support came through a planning grant to HCLG to help them perform a market analysis and create a business plan for offering primary care services. The HCLG used data from a Health Foundation-funded survey of the health needs of children in Butler County’s Head Start programs to partly demonstrate why the community needed the centers. Over the course of the planning period, HCLG members started a local fundraising campaign to pay for facility costs. As the planning work ended, the Hamilton community responded by committing resources for space and start-up costs. With these funds and an additional grant from the Health Foundation, the HCLG opened a health center in Hamilton.

The HCLG also created a new nonprofit organization, the Butler County Community Health Consortium (BCCHC), to operate the health center. The BCCHC began collaborating with the existing safety net provider in Middletown to develop a strategic plan to cooperatively provide primary care for the uninsured and low-income people in both cities.

BCCHC has received three Health Foundation grants to support its start-up and expansion work in Butler County, including a grant to provide Spanish language training to help staff better serve the growing Hispanic/Latino population in the county. Members of the BCCHC have also attended Foundation workshops, such as the fundraising, business plan, and evaluation workshops, and have received technical assistance from Foundation staff. The Foundation also helped the BCCHC develop shared services arrangements among the Hamilton Health Center, the Middletown Social Services and Health Center, and the New Miami School-Linked Health Center. These arrangements allow the three centers to share billing services and procedures, thereby saving money for all three.

Since the Hamilton Health Center opened in November 2001, they have outgrown their space. More than 1,500 patients have made the health center their medical home, and there is an eight-month waiting list for new patients. Therefore, the BCCHC is looking to relocate the Center to a larger space.



“We’ve done a good job in meeting some of the enormous needs of our community, but, clearly, community demand illustrates the need for even further growth,” said Carl Ellison, Chief Executive Officer for the Butler County Community Health Consortium. “Restoring and expanding the primary care safety net is a daunting task. We are grateful to have the Health Foundation as a persistent, dedicated partner who has supported us every step of the way.”

## *Recovery Network of Northern Kentucky*

The Mental Health Association of Northern Kentucky (MHANKy), which began in 1954, promotes mental wellness and improves the delivery of mental health services in Northern Kentucky. Part of fulfilling this mission is to empower and support clients with severe mental illnesses to take more responsibility for their health and well being. Peer-to-peer efforts are an important part of this empowerment and support, but there were few of these services available in Northern Kentucky. MHANKy wanted to fill this gap with a peer-to-peer network that would help people with severe mental illnesses maximize their quality of life.

MHANKy and consumers developed the Recovery Network of Northern Kentucky (RNNK) to help address the needs of people with severe mental illnesses living in the community. This program was based on consumer-run programs that had been shown to be effective in other communities. RNNK, which was started by a three-year grant from the Health Foundation, now provides support services, such as peer assistance and support groups; a Resource Center, including job assistance, computer training, library resources, and housing assistance; a Friendship Social Club, which brings clients with severe mental illnesses together in informal, social settings; and community education. The Executive Director of RNNK and all five part-time staff members are mental health consumers.

“When you have a mental illness, it is important to know that you can still live a full life and do the things you want to do,” said Jim Coleman, Executive Director of RNNK. “Having someone who has ‘been there, done that’ is the best proof that having a mental illness doesn’t mean that you can’t contribute to the community or that you have to stop enjoying the things you like to do. It’s hard to find that peer support, though, when people are afraid to admit they have a mental illness for fear of being ostracized. We wanted to create a safe environment where people could come and know that they weren’t alone, and that everyone else here was dealing with the same issues and problems.”

RNNK has filled a vital community need. During 2001 and 2002, RNNK served 513 clients during 10,132 visits. Three-quarters of the clients developed basic computer competency in using the Internet or e-mail and other computer skills. Over half (55%) completed one or more pre-employment activities, such as writing a cover letter, preparing a resume, participating in a practice job interview, or searching for jobs on the Internet. Almost 90 clients got jobs. RNNK has also developed a web site (<http://rnnk.org/>), which lists resources and services. Coleman has presented RNNK’s programs to local, state, and national organizations to show other communities how they can start a consumer-run network and the impact such a network can make on the lives of people with severe mental illnesses.



RNNK has also had an impact on the recovery of its clients. To measure this impact, RNNK uses a self-reporting questionnaire that looks at problem solving and relationship skills, symptoms, and involvement in social, work, or leisure activities. Over two-thirds of clients who completed the questionnaire had scores indicating that they are recovering.

“I’m thankful for the Network,” said one of RNNK’s clients. “Without it, I wouldn’t have known how to look for a job, let alone actually gotten one. I’ve been employed for 16 months, and it’s a great feeling. I feel like I’m making a real difference in my community. The Network staff are the best. They help me when I need it, and I know they understand my problems. I may have a mental illness, but I also have a full life. And I run my life now, my illness doesn’t.”

## MedShare

Many people in Greater Cincinnati are unable to fill their prescriptions because they don't have prescription coverage and the medications they need are too expensive. When people don't take their prescription medications, their health suffers even more. After hearing from numerous primary care, homeless care, social services, and other providers about the problems people had in paying for their prescriptions, the Health Foundation commissioned a regional study that identified the lack of affordable prescription medications for the working poor and that made recommendations for how to address the problem.

The study also found that most safety net providers were trying to subsidize prescription costs for patients. This, however, put pressure on the limited financial resources of these providers. The community needed a new approach to address this growing regional need. The study recommended a network of distribution sites that could provide eligible patients with access to free and subsidized medications. Because this network would use generic

programs, they may not know these programs exist or how to apply for them. Providers didn't have the staff resources to help people find affordable medications. By setting up a network, all providers could share the resources and improve the health of their patients without putting a large strain on their own practices."

To set up this network, the Health Foundation awarded a grant to Neighborhood Health Care, Inc., (NHCI) to start three MedShare distribution sites in 2000. Since then, MedShare has grown to over 36 sites throughout the state of Ohio and Northern Kentucky and is expanding to Canton, Cleveland, and Columbus, Ohio.

MedShare serves the uninsured, Medicaid clients without a prescription benefit, and Medicare clients who are on an HMO plan. Besides these requirements, MedShare patients must also be registered patients of one of the MedShare distribution sites. For a small copayment, MedShare patients can fill most prescriptions. MedShare and distribution site staff also assist patients in completing the required paperwork for pharmacy assistance programs.



Over 13,000 people have used MedShare since it began. In 2002, MedShare patients paid an average of \$8.08 for a prescription. Total projected patient savings for 2002 alone are \$567,967. The majority of patients (95%) are paying their copayments, enabling the project to operate near break-even on medication costs.

One study of 30 MedShare asthma patients found that, since the patients enrolled in the MedShare program:

- emergency room visits decreased 50%,
- urgent care facility visits decreased by 40%, and
- no-shows for scheduled doctor visits decreased.

"Now that they have access to the medications they need, our patients' health is improving, especially those

with chronic conditions," said Dr. Sasa Jovicic of the East End Health Center. "One of my patients has chronic asthma and couldn't afford his medications, so he didn't take them. He now gets his prescriptions for \$37 instead of \$400 a month. His health is improving, and his risks are lower. More importantly, he has many years left to spend with his family."

prescription medications, buy in bulk to get lower prices, and make use of existing pharmacy assistance programs that provide low and no-cost medications, the cost to any one single provider would be minimal.

"The health of many low-income Greater Cincinnatians was suffering because they could not get their prescriptions," said Laura Edwards, MedShare Site Administrator. "And although many people qualify for pharmacy assistance



## ACT Teams

Consumer-run programs like Recovery Network of Northern Kentucky (RNNK) profiled earlier in this section are just one of the community supports that people with severe mental illnesses need to live in the community. People with the most severe mental illnesses also need other programs that reach out to help them. To be most successful, these services go beyond just counseling or medication and are offered in a coordinated manner.

One proven program for coordinated treatment is an Assertive Community Treatment (ACT) Team, an intensive approach that helps people with severe mental illnesses integrate into community life. The goal of ACT is to help people stay out of the hospital and develop skills for living in the community. Some important features of ACT are:

- Clients are served by a multidisciplinary team that provides all services the client needs.
- Services are available whenever and wherever they are needed, including at home, in the community, or in a treatment setting.
- Services are provided for as long as they are needed.
- Services are personalized and each team works with a small number of clients.
- Services address the whole person—symptoms, housing, finances, employment, medical care, substance abuse, family life, and activities of daily living.

The ACT model has been shown to decrease the time people with severe mental illnesses spend in the hospital and to improve the community living and rehabilitation of these individuals. ACT Teams are also more cost-efficient than hospitalization and other intensive, residential treatment programs.

ACT Teams are not new to the Greater Cincinnati region, but many mental health providers were unfamiliar with the teams. Some had identified ACT Teams as an important strategy during their Foundation-funded strategic planning processes but weren't sure how to start them. Recognizing the need for more information about ACT Teams and how to start them, the Health Foundation brought one of the founders of the ACT model, Debbie Allness, to Greater Cincinnati to do an introductory workshop on the model.

“During our strategic planning process, we identified three main needs for our five-county region. An ACT Team was one of those needs. However, we needed to learn more about what was involved in starting and running a team,” said Matthew Markley, Executive Director of the Paint Valley Alcohol, Drug Addiction and Mental Health (ADAMH) Board. “We came away from the introductory ACT workshop with a good sense of what we needed to do to get started on the right foot.”



After this workshop, interest in ACT Teams increased. The Health Foundation helped mental health providers attend the national ACT Conference and held another local workshop on the model. In addition, the Health Foundation awarded planning and start-up grants to help area providers begin ACT Teams in their communities. There are currently seven active ACT Teams funded by the Foundation and one in the planning stage. Two of the ACT Teams were started in collaboration with the criminal justice system to serve offenders with mental illnesses as they are released back into their communities. Health Foundation staff have worked closely with these teams to help them develop their expertise, develop evaluation plans to demonstrate their successes, collect and analyze data, and share the results of their programs with their communities.

The ACT Teams are making a difference in the lives of Greater Cincinnati's residents with mental illnesses. For example, the Brown County ACT Team has had impressive results. Clinically, clients' symptoms improved and all ACT clients in the county are in stable housing. Hospital days decreased from 623 during the year prior to the ACT Team to 49 in the year after the ACT Team. During the first 18 months, the team saved over \$220,000 in hospitalization costs and increased revenue by \$111,644. Due to the savings from fewer hospitalizations and increased revenue, the ACT Team is financially self-sufficient and continues to serve Brown County residents with severe mental illnesses.

“Our consumers are showing marked improvement. They are staying in the community and living more productive lives because our ACT Team is there to support them,” said Cheryl Williams, Director of Community Service Programs of Brown County Counseling Service, the organization that runs the county's ACT Team. “Without the Foundation's support and assistance, we never would have been able to start our team. ACT has improved our community's health and has truly made a difference.”

# *Catalyst for Change*



*Organizations like HealthPoint  
Family Care have benefitted from  
strategic planning.*



## *Clermont County Mental Health and Recovery Board*



The county boards that distribute state funding for mental health and substance abuse services—also known as behavioral health services—often struggle to fund the growing demand for behavioral health services with diminishing state budgets and other resources. They needed time and resources to determine what their counties really needed and how best to serve residents.

To assist the boards, the Health Foundation funded strategic planning grants. Ten of the twelve boards serving the Foundation's 20-county service area applied for and were awarded grants. All plans have been completed, with dramatic and positive outcomes in many counties. Local boards improved data collection systems, implemented evidence-based practices, and secured additional funding for services.

"We had increasing needs but didn't have the resources to fully determine these needs and investigate options to address them. The planning grant provided the resources to allow us to look at our needs and develop a plan to realign and improve the total range of mental health and substance abuse services in Clermont County," said Karen Scherra, Executive Director of the Clermont County Mental Health and Recovery Board.

The Clermont County Mental Health and Recovery Board completed its strategic plan and is successfully implementing it. The Board has revised and streamlined billing and contracting procedures to be more efficient. It has also implemented an evidence-based role recovery model and conducted community awareness education sessions about mental health recovery.



Part of the Clermont Board's strategic plan was to address the needs of consumers with mental illnesses who are in the criminal justice system. The Board saw an opportunity to use a crisis intervention team (CIT) as one solution. A CIT is made up of treatment providers and law enforcement personnel. When police are dealing with a person with a suspected mental illness, the CIT assesses the person's needs and diverts them, when appropriate, from prison or jail and into supervised treatment.

As the Board investigated the CIT model, they realized that starting a new CIT in Clermont County was not feasible. Because they were able to look at the program before implementing it, they saved time and money by not starting something that they couldn't support down the road. The county considered other ways to help offenders with behavioral health disorders. They later developed a jail diversion project, which the Foundation helped fund, that has been demonstrating positive results.

Another part of Clermont's strategic plan was to improve services for children. The Board's assessment of behavioral health needs of school-age children led to a coordinated school-based mental health services effort, which was also partially funded by the Health Foundation. During this effort, the Board, county providers, and schools built partnerships as they planned and developed services. The schools also participated in a survey with Butler, Clinton, and Warren Counties to ask students about their needs. Results of the survey—which are available at <http://www.healthfoundation.org/publications/other>—showed that Clermont County students were dealing with many unaddressed problems that were affecting their lives.

Because of the collaboration between county agencies and the level of need demonstrated by the survey, mental health prevention and assessment services provided by on-site mental health professionals are now available in

all school districts in Clermont County. Children can access services in the more familiar and often more comfortable school environment. Clermont County's largest school district, working with the Board, submitted and was awarded a federal grant to help increase mental health services in that district's schools. The County's children's mental health treatment provider, Child Focus, has also trained school personnel and treatment providers in identifying and addressing students' behavioral health needs.

*"Our children are getting the care they need... as part of a coordinated effort to help the county."*

Susan Smith,  
Director of Educational  
Liaisons



"Since children spend so much time in school, it makes sense that we address problems in school by providing prevention, identification, and early intervention services," said Susan Smith, Director of Educational Liaisons at Child Focus. "Our children are getting the care they need, where they need it. And, it is part of a coordinated effort to help the county as a whole, both now and in the future."

## *HealthPoint Family Care*

Established in 1971, HealthPoint Family Care (formerly Northern Kentucky Family Health) is a network of seven health centers serving eight counties in Northern Kentucky. HealthPoint provides primary medical and dental care services to 23,600 patients each year, of which 27% are uninsured.

In 2000, HealthPoint saw the need to address the changing demographics and needs of its communities. There was growth in the number of uninsured and Spanish-speaking clients, and more clients were requesting dental services. Also, school-based health services were emerging. HealthPoint saw an opportunity to realign and increase services to accommodate their patients' needs. They also saw an opportunity to investigate collaborative arrangements with other providers in the region to help ensure financial self-sufficiency. HealthPoint applied for and received a strategic planning grant from the Health Foundation.

"We knew our environment was changing, but it was difficult to find the time and resources to quantify those changes and develop a plan to address them," said Chris Goddard, Executive Director of HealthPoint. "The planning grant allowed us to hire experienced consultants to lead us through the planning process and help us take a critical look at our community and ourselves."

During the planning process, HealthPoint and its consultant performed a "Strengths, Weaknesses, Opportunities, Threats" (SWOT) analysis of itself and an environmental assessment of current and emerging conditions in the region. In addition, HealthPoint met with community members to get their input on what was needed. HealthPoint emerged from the planning process with a two-year strategic plan that included objectives, strategies, tactics, and a timeline.

"Going in, we knew the strategic plan would give us direction for future growth, such as where to locate new health centers or what services to add at existing sites," said Christopher Carle, chair of HealthPoint's Board of Directors. "But what was perhaps more valuable was the coaching we received about how to develop internally as



an organization. We dug into issues such as staffing, patient satisfaction, customer service, quality assurance, and community relations—the things that we needed to keep in focus to make sure our organization was in a position to grow.”

HealthPoint is on track with implementing its plan, and it is developing a new strategic plan to take over when the current plan expires in 2004. To date, HealthPoint has increased the number of patients served, achieved a financial turnaround, and added bilingual medical staff. Patient and employee satisfaction has improved, and HealthPoint has identified collaborative arrangements with other providers to help achieve financial self-sufficiency.

“We are a much stronger organization because of the strategic plan,” Goddard said. “It helped us at a critical time to adapt to our changing community and address its needs. It also taught us the skills we need so that we can continue to plan for the future and grow to better serve our patients.”

## *Greater Cincinnati Community Health Status Survey*

In 1996, the Health Improvement Collaborative of Greater Cincinnati, with the University of Cincinnati’s Institute for Policy Research, conducted the first *Greater Cincinnati Community Health Status Survey*. This telephone survey of residents of 14 Greater Cincinnati counties asked about various health issues ranging from general feelings of well being and health to cost of insurance and medical care to the existence of specific conditions such as asthma, diabetes, high blood pressure, and others.

When the Health Foundation first began in 1997, we wanted to get a sense of the health status of our service area, especially in regards to information related to our four focus areas. We began working with the Health Improvement Collaborative to redesign the 1997 survey



and create the *Greater Cincinnati Community Health Status Survey 1999*. The University of Cincinnati's Institute for Health Policy and Health Services Research conducted the 1999 survey.

The 1999 survey was expanded to include 20 Greater Cincinnati counties and additional questions about access to primary care and the existence of and treatment for mental illnesses and substance abuse. The 1999 survey was also modified to include similar questions that appear on statewide and national surveys to allow for better comparisons between Greater Cincinnati and states and the nation as a whole. The survey was repeated again in 2002 in 22 counties, giving Greater Cincinnati a six-year look at changing trends in community health status.

"Having these data—and having them tracked over a period of time—is important for the planning of health services and programs," said Malcolm Adcock, Health Commissioner for the City of Cincinnati. "The surveys allow us to see what is happening in our community, how our health is changing, and what we need to do to make sure Greater Cincinnati is healthy."

In order to help community groups access the data from the surveys, the Health Foundation has posted the data on-line (visit <http://www.ihphsr.uc.edu/hfgc/welcome.cfm> or <http://www.oasis.uc.edu/Archive/index.cfm>). Copies of the survey are available in libraries in the county seats in all counties that participated. In addition, the Health Foundation and the Health Improvement Collaborative presented local data from the survey throughout Greater Cincinnati. Each presentation consisted of results for specific counties and regions, allowing these areas to compare themselves to the entire region surveyed.

Results from the *Greater Cincinnati Community Health Status Survey 2002* show that although Greater Cincinnati adults report better general health status than the general adult U.S. population, many have poor health status. For example:

- 1 in 6 adults report having fair or poor overall health status,
- 1 in 6 have poor physical health,
- 1 in 8 have poor mental health,
- 1 in 5 have poor oral health,
- 1 in 2 adults are overweight, and
- 1 in 5 adults are obese.

Local organizations are using these data to justify new and existing funding and to develop programs designed to improve the health of the community. For example, the Northern Kentucky Regional Planning Council used data from the survey as part of their efforts to increase state funding for behavioral health services in the region.

"The survey provided us with valuable information to show the state that our region was getting disproportionately fewer funds for behavioral health

services," said Gary Goetz, Vice President of Development and Community Relations for NorthKey Community Care and member of the Northern Kentucky Regional Planning Council. "We had data to demonstrate the local need for services, and we could compare our region to the rest of Kentucky. The survey data helped us prepare a more compelling and factual case to the state."

*"The survey  
allows us to see...  
what we need to  
do to make sure  
Greater  
Cincinnati is  
healthy."*

*Malcolm Adcock,  
Health Commissioner*



*Developing*



*The Center for Respite Care, funded by a national grant matched by funds from the Health Foundation and others, will be essential to helping an underserved population.*

*Catalyst for Change*



## *Health Data Archive and OASIS*

The Health Foundation of Greater Cincinnati is invested in developing health data capabilities and resources. Many of our grants generate local health data, and we help grantees share these data with the public through two on-line resources we developed in conjunction with the University of Cincinnati's Institute for Health Policy and Health Services Research (IHPHSR).

The Health Data Archive, one of the on-line resources, is a collection of local datasets that users with statistical software can download and analyze. Datasets in the Archive include the *Greater Cincinnati Community Health Status Surveys*, the Coalition for a Drug-Free Greater Cincinnati's *Student Personal Drug Use Surveys*, and data from other local surveys. To access the Archive, please visit <http://www.ihphsr.uc.edu/hfgc/welcome.cfm>. For more information about the Archive, please call the Foundation's Director, Health Data Improvement, at 513-458-6608 or toll-free at 888-310-4904, ext. 6608.

"I am a grant proposal writer for a nonprofit organization and always struggled to find data to demonstrate the need for our programs," wrote one user of the Archive. "The Archive has given my organization access to these data and has improved our programs because we have a better idea of what the community really needs."

After the Archive was created, the Foundation and the IHPHSR began hearing from community members who wanted to use the data in the Archive but didn't have access to or experience with the statistical software needed. In response, the Health Foundation and the IHPHSR created the Online Analysis and Statistical Information System (OASIS).

OASIS is an innovative web-based program that puts powerful analytic tools in the hands of the general public. OASIS allows users to analyze data without needing statistical software on their computers, allowing unparalleled access to data. Nationally, OASIS is considered an innovative way to share health data. Datasets in OASIS include those from local health surveys such as the *Greater Cincinnati Community Health Status Surveys* and the Coalition for a Drug-Free Greater Cincinnati's *Student Personal Drug Use Surveys*; the *Ohio Poll*, an annual survey of Ohio residents about public attitudes about state and national issues; and various datasets from the Inter-University Consortium for Political and Social Research.

"OASIS has been an important tool in our planning efforts," said Malcolm Adcock, Health Commissioner for the City of Cincinnati. "We don't have to spend time and money collecting local data; we can just access what already exists. And, we have access to data we never thought of collecting but can use to get a better picture of the overall health status of our community."

To access OASIS, please visit <http://www.oasis.uc.edu/Archive/BrowseList.cfm>. For more information about OASIS, please call the Foundation's Director, Health Data Improvement, at 513-458-6608 or toll-free at 888-310-4904, ext. 6608.

## Center for Respite Care

National grantmakers and federal agencies often require collaborative funding to make a bigger impact with their grant dollars. Completing an application for one of these large, national grants can often be challenging for a small nonprofit. The Health Foundation assists local organizations in applying for these larger grants. In addition, the Health Foundation helps build a coalition of local funders to provide the local match. One example of this is the Center for Respite Care project, which was recently awarded a grant from The Robert Wood Johnson Foundation's *Local Initiative Funding Partners*.

In early 2002, a workgroup of healthcare and homeless services providers began talking about how best to meet the needs of homeless people who either were discharged from local hospitals and needed a safe place to recuperate or who came to shelters and other service sites in need of

medical care. Shelters and service sites are often not prepared to provide these levels of care.

*"[The Center for Respite Care] wouldn't have been possible without the collaboration of the community."*

Connie Wilson,  
Director of the Health  
Resource Center



people cannot begin to break out of homelessness and find stable housing and employment."

Local data revealed that in a 12-month period, 180 homeless patients were admitted to a local hospital for care. After they were discharged from the hospital, 42% were hospitalized at least once more and 21% were hospitalized three times or more, all for the same condition for which they were first hospitalized. In addition, almost 7,000 people in one year received basic medical services through the mobile medical van that visits homeless shelters throughout Cincinnati.

These data and anecdotal reports from homeless service providers demonstrated the need for a respite center for homeless people to complement existing services. This center would provide 24-hour-a-day, 7-day-a-week inpatient medical care for homeless people. The workgroup visited respite centers in Chicago, Boston, Savannah, GA, and Washington, DC, to learn what was needed to start and operate such a center. They then developed a plan to open a 15-bed center that could serve approximately 375 people a year, or about half of the people estimated to need respite services. Such a center is estimated to save hospitals and the community at least \$1.4 million per year due to elimination of emergency room visits and rehospitalizations.

The Health Foundation coached the workgroup as it developed its proposal to The Robert Wood Johnson Foundation's Local Initiative Funding Partners (LIFP) project and provided part of the local match necessary to qualify for the LIFP grant. The Foundation's commitment allowed the workgroup to leverage funding from other local grantmakers for the match. In all, six local funders have committed money to the project.

Over 320 agencies applied for the LIFP in 2003, and the Center for Respite Care was one of 17 projects funded nationwide. The Center for Respite Care is scheduled to open late 2003 in the West End and will be operated by the Health Resource Center. Because the demand for services may exceed capacity, the workgroup continues to explore ways to expand the Center for Respite Care and provide more services.

"The Center for Respite Care is unique in our region and will be essential in providing care to an underserved population," said Connie Wilson, Director of the Health Resource Center. "The Center will help homeless patients meet their basic health needs so that they can start to overcome their difficult situations. This wouldn't have been possible without the collaboration of the community—homeless service providers, hospitals, funders, and others."



# *Catalyst for Change*





# *Focus Areas and Supporting Activities*

The Health Foundation of Greater Cincinnati selected four focus areas in which to concentrate our grantmaking. These are:

- Strengthening Primary Care Providers to the Poor
  - School-Based Child Health Interventions
  - Substance Abuse
  - Severe Mental Illness
- 

For more information about the Health Foundation's focus areas, grantmaking guidelines, and grants we have made, please visit our web site at <http://www.healthfoundation.org>.

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In addition to making selected grants outside of our focus areas, our Community Health Development program provides consultations and other resources. The Foundation also offers sustainability services to grantees and nonprofit organizations in the community.

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The following pages highlight the work in the Foundation's focus areas, Community Health Development, and sustainability services that have helped nonprofit agencies in the Greater Cincinnati region.



## *Strengthening Primary Care Providers to the Poor*

The Foundation has two strategies in its Strengthening Primary Care Providers to the Poor focus area: Infrastructure and Systems Development and Delivery of Services to Selected Populations.

The first strategy, Infrastructure and Systems Development, focuses on helping primary care providers offer appropriate levels of services to an increasing number of uninsured or underinsured patients. Grants in this strategy help providers expand their scope of services and upgrade outdated operational systems for compliance with new regulations or fiscal policies.

The Foundation has awarded grants to primary care organizations to start, expand, or restore primary care access points in rural, suburban, and urban communities. For example, providers in two rural counties created community health centers where they previously did not exist. Seven community health centers in Greater Cincinnati have expanded their services and now offer behavioral health services to pediatric patients, allowing parents to seek care for their children in a familiar setting.

Because infrastructure and systems development can be costly for providers, the Foundation has funded shared services projects that allow many providers to share the benefits and costs of development work. For example, the Foundation awarded a grant to create a shared management information system network that connects six primary care organizations that collectively serve over 30,000 patients. This network allows the providers to share billing and other administrative costs. Other shared services grants have assisted organizations in reducing overhead costs, improving operational efficiency among multiple sites, and creating partnerships among smaller organizations that serve similar populations.

Through the second strategy, Delivery of Services to Selected Populations, the Foundation helps providers deliver primary care to certain populations, such as minorities, non-English speaking people, adults with mental retardation or developmental disabilities (MR/DD), or homeless people. As a result, access to primary, dental, and vision care services has been improved. MR/DD and homeless adults have been connected to routine dental care. Health and social service providers have increased their level of cultural competency and have added bilingual staff and other linguistically and culturally appropriate services.



## *School-Based Child Health Interventions*

The Foundation has two strategies in its School-Based Child Health Interventions focus area: Primary Care and Mental and Behavioral Health.

The main activity in the Primary Care strategy is the development of School-Based Health Centers (SBHCs). The Foundation selected this program to address community need for increased children's access to health services. Since 1999, the Foundation has funded the start-up of 18 SBHCs throughout Greater Cincinnati. Today, 15 of those SBHCs are active.

These centers offer or coordinate services such as immunizations, chronic disease management, physical examinations, dental care, and mental health care to students in 35 schools in Kentucky and Ohio. During the 2002-03 school year, the SBHCs provided care to over 6,500 students.

To support the efforts of the SBHCs, the Foundation has started a Challenge Grant program. Through the Challenge Grant program, SBHCs are eligible to receive Foundation funds to match their own fundraising efforts. These limited matching funds along with billing for services and other sources of funding, are helping the SBHCs become more self-sufficient financially.

Through our second strategy in the School-Based Child Health Interventions focus area—Mental and Behavioral Health—the Foundation works towards improving access to mental and behavioral health services for school-aged children. Grants made through this strategy improve relationships between schools and mental health systems and build the capacity of the mental health system to meet the needs of children.

Six regional mental health boards in the Foundation's service area now have coordinators for children's mental health services. These coordinators reallocate existing resources to increase the availability of children's services, provide training opportunities for school personnel and mental health professionals, and create strategic plans to increase access to mental and behavioral health services for school-age children.



## *Substance Abuse*

The Foundation has two strategies in its Substance Abuse focus area: Improving Adolescent Services Capacity and Improving Community-Based Prevention Activities. The Foundation is the third largest private funder of substance abuse programs in the nation.

As part of the Improving Adolescent Services Capacity strategy, the Foundation funded grants to help the local county-level substance abuse boards plan and start up adolescent substance abuse treatment services. Through the seven planning grants, the Foundation learned that approximately 16% of adolescents aged 12-17 are using alcohol or other drugs, but less than 1% are getting treatment.

Eight start-up grants for adolescent substance abuse treatment services have also been awarded. Because of these grants, over 300 adolescents have access to services on any day and at least 1,000 are treated each year. These services are developmentally appropriate and based on evidence-based practices. Overall, projects are reporting reduced alcohol and other drug use, improved school performance, and reduced juvenile justice involvement for the youth who complete their programs. Youth and their families are also reporting improved family relationships as a result of involvement in the services.

The second strategy in the Substance Abuse focus area, Improving Community-Based Prevention Activities, led to the creation of the Assistance for Substance Abuse Treatment (ASAP) Center. The ASAP Center empowers community groups—such as congregations, youth groups, community centers, and others—to provide substance abuse prevention and treatment information and programs within their communities. ASAP offers mini-grants and substance abuse prevention workshops and other training opportunities, consultations, and resources. Since it opened in 2000, the ASAP Center has worked with over 700 community groups in 18 counties.



## *Severe Mental Illness*

The Foundation has two strategies in its Severe Mental Illness focus area: Achieving Clinical Excellence and Developing Systems to Treat the Whole Person.

One of the first efforts in the Achieving Clinical Excellence strategy was awarding strategic planning grants to local mental health and substance abuse boards. These grants allowed the boards to determine community needs and plan how to best address those needs. Another effort in the strategy is the implementation of evidence-based practices, programs of care that have been rigorously studied and shown to have positive outcomes for the consumer, the provider, and the community. Assertive Community Treatment (ACT) teams are one such evidence-based practice. To date, the Foundation has funded the start-up of seven ACT teams in Greater Cincinnati and the planning for an eighth.

Also in the Achieving Clinical Excellence strategy, the Foundation has invested in mental health consumer- and family-run programs. Consumer-run services help expand the range of services and support available to people with severe mental illnesses. Through Foundation-funded projects, more consumer-run services exist in the region, such as an expanded peer support telephone line and the first consumer-run program in Northern Kentucky. Also, families are a key support for people with severe mental illnesses and the Foundation has assisted the families of people with mental illnesses through grants to strengthen existing family support networks and develop new ones.

The second strategy in the Severe Mental Illness focus area, Developing Systems to Treat the Whole Person, focuses on doing more than just treating the symptoms of mental illness. Addressing many issues, including physical health, employment, and housing, are important to helping people with severe mental illnesses fully recover and supporting them as they live in the community.

People with mental illnesses frequently do not seek care for medical problems and people with medical conditions often do not seek care for mental illnesses. The Foundation funded three projects to put mental health services in primary care settings so that undiagnosed mental illnesses would be detected and treated. The Foundation also funded an innovative project that places nurses in mental health centers to conduct physical exams and provide basic healthcare to people with severe mental illnesses in the trusted settings where they receive their routine mental health care. Other grants in this strategy have increased capacity for supportive services, such as housing and employment.

## *Joint Substance Abuse/Severe Mental Illness*

Recognizing that the Substance Abuse and Severe Mental Illness focus areas often deal with the same issues, the Foundation created a Joint Substance Abuse/Severe Mental Illness strategy.

Grants in the Joint SA/SMI strategy have helped establish housing units for people recovering from mental illnesses or substance use disorders. These housing units not only offer a place to live but also treatment and supportive services to help people recover. Other grants have helped providers create integrated, coordinated treatment programs for people who have both a mental illness and a substance use disorder, or a dual diagnosis.

As the Hispanic/Latino population in Greater Cincinnati has grown, mental health and substance abuse treatment providers have seen a need for bilingual services. This includes not only counseling and other treatment methods but also outreach to help overcome the stigma of seeking help for substance abuse and mental illnesses. The Foundation has awarded grants to help providers develop linguistically and culturally competent mental health and substance abuse treatment services.

Many people with mental illnesses and substance use disorders become entangled in the criminal justice system and account for a significant percentage of people incarcerated in jails and prisons. The Foundation recognized this problem and established an initiative to bring the criminal justice, mental health, and substance abuse systems together to address the problem. Specifically, the Foundation has funded the planning and start-up of diversion and reentry programs in Greater Cincinnati that involve multiple systems. This focus on mental health, substance abuse, and criminal justice has promoted partnerships and collaboration across agencies and systems that did not exist before the Foundation's involvement.

## *Community Health Development*

The Health Foundation also works outside of the four focus areas to address health problems and disparities in the general health community. Our activities for Community Health Development include:

- awarding selective grants for some health-related projects that do not fit within the focus areas or that apply to all the focus areas;
- convening nonprofits, funders, legislators, and community leaders to learn about health issues, build resources and skills, and develop networks to address health problems and disparities; and
- providing intensive mentoring and consultation to selected grantees and nonprofit organizations as they develop complex projects.

Examples of grants awarded in the Community Health Development program include:

- MedShare Pharmacy (see page 20);
- Health & Hygiene Program (see page 8);
- resource cards (through grants to the Rockdale Temple), which list agencies that provide services for senior citizens, homeless people, Hispanic/Latino people, and other groups; and
- community lead education and reduction program (through a grant to CLEARCORPS), which reduced lead exposure for over 400 families living in high-risk housing.

Our Evaluation, Health Data Improvement, and Communications staff also provide health data, consultations, and other resources to the general health community. For more information about data and consultations, please contact us at 513-458-6600, or toll-free at 888-310-4904.

Many of our evaluation, data, and communications resources can be found on our web site, including:

- evaluation materials (please visit <http://www.healthfoundation.org/granteeinfo/eval>);
- the *Health Data Resources Directory* (please visit <http://www.healthfoundation.org/data>);
- the Health Data Archive and OASIS (see page 30);
- reports by the Foundation, grantees, and other nonprofits (please visit <http://www.healthfoundation.org/publications/reports>); and
- *Greater Cincinnati Health Watch*, a weekly e-mail newsletter of local and national health news and events (please visit <http://www.healthfoundation.org/news/healthwatch>).

# Sustainability Services

The Health Foundation wants to see our grant-funded projects become financially self-sufficient and continue after our grants end. To help grantees build the necessary skills and resources to achieve this, we offer a number of sustainability services. These services are targeted to smaller non-profit organizations that do not have staff positions devoted to evaluation, marketing, fundraising, or development.

We offer assistance with various aspects of sustaining a project, including:

- Business Plan Development
- Evaluation
- Coaching and Mentoring
- Communications and Marketing
- Fundraising Skills
- Advocacy Skills

Within each of these areas, we offer workshops, consultations with Foundation staff, and other assistance. For more information about our sustainability services, please visit our web site at <http://www.healthfoundation.org/granteeinfo/sustainability>.

# Board of Directors

A 15-member, independent Board of Directors guides the Health Foundation's strategies and initiatives and authorizes the programs and activities of the Foundation. New members are chosen by the Board to represent the community.

## Health Foundation Board of Directors, 2003-2004

John R. Farrenkopf	Janet B. Reid, PhD	Director Emeritus
Donald E. Hoffman	Carole Rigaud	Sheila J. Adams
Rose Hook	William K. Schubert, MD	
John J. Kron	Bobbie L. Sterne	Advisory Director
Robert Maltz, MD, FACS	Clifford Wallace	Stanley J. Lucas, MD
Robert B. Morgan	Hon. John A. West	
H.C. Buck Niehoff, Esq.	Ruth Westheimer	
Collins Owens, Esq.		

## Corporate Officers, 2003-2004

Rose Hook, Chair
John J. Kron, Vice Chair
Donald E. Hoffman, President and Chief Executive Officer
Daniel W. Geeding, Vice President, Chief Financial Officer
Patricia O'Connor, Vice President, Program
Michael R. Abrams, Treasurer
Patricia A. Ruwe, Secretary



# The Health Foundation of Greater Cincinnati

## BALANCE SHEET *(as of June 30, 2003)*

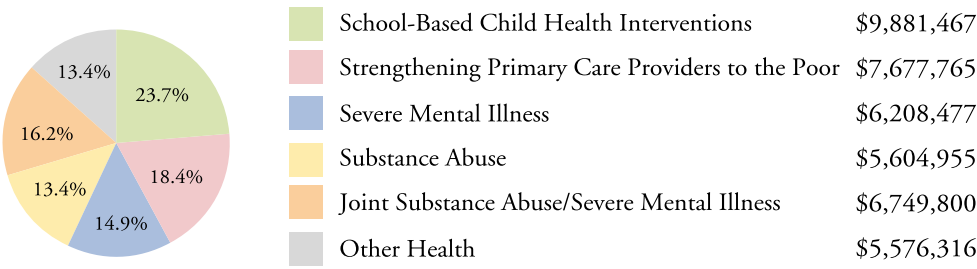
Liabilities and net worth	
Payables	\$203,739
Grants payable	\$5,897,565
Net worth	\$216,904,993
Total liabilities and net worth	\$223,006,297

## HEALTH INVESTMENTS

	1997/1998*	1999	2000	2001	2002	Cumulative
Grants	12,161,223	8,681,565	8,998,076	8,529,035	7,121,976	45,491,875
Direct Charitable Activities**	172,681	684,535	1,295,470	1,353,384	1,941,312	5,447,382
Program and General Management	1,725,131	1,701,547	1,854,555	2,243,991	2,330,972	9,856,196
Total Health Investments	14,059,035	11,067,647	12,148,101	12,126,410	11,394,260	60,795,453

\* 1998 was the Health Foundation's first full year with professional staff  
\*\* Direct Charitable Activities are projects that the Health Foundation directly manages.  
Examples include Health Foundation staff consultations, technical assistance, workshops, conferences, and operating programs.

## GRANT AND OPERATING PROGRAMS, 1997-2002<sup>+</sup>



<sup>+</sup>Does not include two special grants, totaling \$6,960,940, made in 1997 and 1998, nor does it include \$2,001,000 awarded as part of non-competitive grantmaking programs of the Health Foundation.

# The Health Foundation Fund

As The Health Foundation of Greater Cincinnati has built community partnerships and explored ways to help Greater Cincinnati address health and social services needs, we have discovered new vehicles for achieving our mission. However, we are not able to implement many of these vehicles because of restrictions inherent to our 501(c)(4) status. In July 2002, the Health Foundation created a 501(c)(3) public charity, the Health Foundation Fund, as a way to expand what the Health Foundation can do to address community needs. The Fund builds on the Foundation's reputation and experienced staff to be a new partner for community change.

The Fund gives us the flexibility to do more and allows us to relate to the community in new and different ways. For example, the Fund will:

- Collaborate with nonprofit agencies to provide new fundraising and fund management opportunities, enhancing resources in our communities.
- Partner with other funders to address pressing health and social welfare challenges. The Fund is currently working with the Greater Cincinnati Foundation, United Way, and other regional funders to initiate the Youth Behavioral Health Initiative. This Initiative will fund local projects that use evidence-based treatment practices to help youth with mental health and substance use disorders.
- Administer private and government grants such as a recently awarded \$1.4 million grant from Housing and Urban Development (HUD) for the Homeless Management Information System.
- Support organizations as they build their capacity to evaluate their programs and share their stories with the community.

The Fund also operates the Assistance for Substance Abuse Prevention (ASAP) Center, which originated in the Health Foundation. The ASAP Center provides consultation, workshops, and resources to groups who want to address substance abuse in their communities. Since its inception in 2000, the ASAP Center has:

- awarded \$80,738 in mini-grants;
- completed 20 workshops attended by over 500 individuals;
- provided over 450 consultations with 173 organizations in 18 counties; and
- distributed 7,565 printed resources to 520 organizations.

For more information about the ASAP Center, please visit our web site at <http://www.healthfoundationfund.org/asap>.

Within our offices in Rookwood Tower, the Fund operates a state-of-the-art Conference Facility that provides attractive meeting and training space to non-profits and governmental organizations at no cost for the rooms. Users of the Facility pay for food, beverages, and service staff. In 2002, 64 nonprofit organizations held 360 conferences, workshops, training sessions, and meetings at the Health Foundation Conference Facility. For more information about the Conference Facility, please contact 513-458-6632, or visit our web site at <http://www.healthfoundationfund.org/facility>.

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